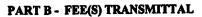
Complete



send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

Commissioner for Patents Washington, D.C. 20231 (703)746-4000

Fax

TA TRADEMARKS INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1/by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CORREST CORRESPONDENCE ADDRESS (Note: Legally mink-up

20350

7590

12/17/2002

TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER

04/11/2001

EIGHTH FLOOR

09/832.534

SAN FRANCISCO, CA 94111-3834

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(a) Transmittal is being deposited with the United States Fostal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

1023.1110102

3295

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| | | March 17. | 2003 | (Ceta) |
| | | Mina L. M. Reill | | |
| | | l Nina L. Mo | :Neill . | (ndomes mas) |

TITLE OF INVENTION: APPARATUS AND METHOD OF BIOMETRIC IDENTIFICATION OR VERIFICATION OF INDIVIDUALS USING OPTICAL SPECTROSCOPY

Robert K. Rowe

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|--------------|--|---|------------------|------------|
| nonprovisional | NO | \$1300 \$1300 | \$300 | #### \$1600 | 03/17/2003 |
| EXAM | NER | ART UNIT | CLASS-SUBCLASS | 41000 | |
| werner, | BRIAN P | 2621 | 382-115000 | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | 2. For printing on the patent fit the names of up to 3 registered or agents OR, alternatively, (2 single firm (having as a men attorney or agent) and the na | I patent attorneys 1) the name of a her a registered mes of up to 2 | and Crew | |
| Q "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | registered patent attorneys or ag is listed, no name will be printed | | , |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lumidigm, Inc.

Albuquerque, NM 87106

| Please check the appropriate assignee category or categories (will not | be printed on the patent) | (aubivibui | Corporation or other private group entity | ☐ governmen |
|--|---|--------------------|---|-------------|
| 4a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): | | | |
| ☑ Issue Fee | A check in the amount | of the fee(s) is e | nclosed. | |
| 12 Publication Fee | O Payment by credit card. | Form PTO-203 | 38 is attached. | |
| 20 Advance Order - # of Copies 10 | The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form). | | | |

| Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-ap | oply any previously paid issue fee to the application identified above |
|---|---|
| (Authorized Signature) Patrick M. Boucher (Reg. No. 44,037) 3/17/03 | |
| NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from snyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or case. Any comments on the amount of time you require to complete this form and/or large statemark Office, U.S. Department of Commerce. Washington, D.C. 20231. DO Patent and Trademark Office, U.S. Department of Commerce. Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: | 03/27/2003 YPOLITEZ 00000065 201430 0983253 01 FC:1501 1300.00 CH 02 FC:1504 300.00 CH 03 FC:8001 30.00 CH |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033